



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone)
www.sos.state.ga.us/plb/counselors

APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
VERIFICATION OF LICENSURE - FORM N

INSTRUCTIONS Please type or print legibly.

- **Applicant** - Complete Part I. ☐ Mail form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Professional Counselor, Social Worker (any level) or Marriage and Family Therapist. ☐ Request the Licensure Board or Regulatory Agency complete Part II and send this form to the Georgia Board along with a copy of its current licensure laws and rules.
- **State Licensure Board or Regulatory Agency** - Complete Part II.

PART I - APPLICANT

Full Name:

Address:

Date of Birth: ____/____/____

*Social Security #: ____/____/____

**This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.*

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: ☐ Clinical Social Worker ☐ Master Social Worker

State/Jurisdiction of Issuance:

License Number:

Title of License:

Date Issued:

Expiration Date:

TO WHOM IT MAY CONCERN:

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official

of the _____ certify that the information
(Name of Board or Regulatory Agency)
provided above by this applicant ☐ does ☐ does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant ☐ has ☐ has not been disciplined by this or any other Board, state agency, or professional organization. **If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:**

Date

Signature of Board Chair/Designated Official

Title of Board

Street Address

BOARD SEAL

City/State/Zip Code